Town of Pacific W7530 Hwy 16 Pardeeville, WI 53954 (608) 742-8763 clerk@tn.pacific.wi.gov

## DIRECT SELLER PERMIT APPLICATION

Application Date:	
Name of Applicant	
	Permanent Address
Phone number(s)	Temporary Address (if any, of Applicant)
, " lbs	
Height (feet/inches) Weight	Hair Color Eye Color D/O/B
Name, address & phone number of person/firm/co whose merchandise is being sold:	orporation direct seller represents/is employed by or
Nature of business to be conducted:	
Temporary Address where business is being condu	ucted & phone number of business:
Description of Goods/Services being offered for sa	ale:
Dates of Business to be conducted: Estimated star	rt Estimated End
Proposed method of delivery of Goods/Services:_	
Vehicle Make/Model/ License No. (of any vehicle	es to be used in business):
Last City, Village or Town where business has been	en conducted (not to exceed 3):
Contact place for at least seven (7) days after leav	ing Town of Pacific:

Name address and phone number(s) of person(s)	who will work in Town as Amliaant's Assistant(s).
	who will work in Town as Applicant's Assistant(s):
Registration Fee: (Direct seller may employ up to two (2) assistants without payment	t of an additional license fee).
Five Dollars/Day (\$5.00) Twenty Dollars/Week (\$20.00) Fifty Dollars/Month (\$50.00)	
Two Hundred Dollars/Year *(\$200.00) *(1/2 annual fee after July 1st)	
This form must have the following docume	ents attached before it will be processed:
Driver's License/Proof of Ident Certificate of Weights/Measure State Health Officer's Certificate	s (if applicable)
	lumbia County, Wisconsin, to accept service of process aght against the Applicant/assistant of any sale or service lirect sales activities of Applicant(s) covered by this
Signature of Applicant	Print name
Signature of Assistant	Print name
Signature of Assistant	Print name
Dated this	day of, 20
	Approved By: